

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:	)	Customer No.: 21378
Dulak et al.	)	
U.S. Serial No.: 09/882,630	)	Docket No.: ADIV-1790-AU
Filing Date: June 13, 2001	)	Examiner: Gray, Phillip A.
Title: URETERAL ACCESS SHEATH	)	Art Unit: 3767
	)	Confirmation No.: 3325

Date of Electronic Filing: July 11, 2006

Dear Sir/Madam:

Attached please find the following documents submitted for filing in reference to the above-captioned application.

1. Issue Fee Transmittal (Part B)

Respectfully submitted,



Rosanne Henehan  
Applied Medical Resources Corporation

**CUSTOMER NO.: 21378**

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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21378 7590 06/16/2006

APPLIED MEDICAL RESOURCES CORPORATION  
 22872 Avenida Empressa  
 Rancho Santa Margarita, CA 92688

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/882,630	06/13/2001	Gary R. Dulak	ADIV-1790-AU	3325

TITLE OF INVENTION: URETERAL ACCESS SHEATH

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	<del>\$700</del> \$1400	\$300	<del>\$1000</del> \$1700	09/18/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GRAY, PHILLIP A	3767	604-508000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Richard L. Myers
2. Patrick Y. Ikehara
3. David G. Majdali

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Applied Medical Resources Corporation

Rancho Santa Margarita, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

1. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10 copies

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- ☐ A check in the amount of the fee(s) is enclosed
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 012215 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Cynthia A. Bonner

Date

7-11-06

Typed or printed name

Cynthia A. Bonner

Registration No

44548

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